

United States District Court

District of the Northern Mariana Islands

Robert D. Bradshaw

Plaintiff

V.

SUMMONS IN A CIVIL CASE

PAMELA S. BROWN

et. al.

(See Attached Listing)

Defendants

CASE NUMBER: CV 05-0027

COMPLAINT and AMENDED COMPLAINT

FILED
Clerk
District Court

DEC - 9 2005

TO: (Name and address of Defendant)

Pamela S. Brown
Attorney General
Caller Box 10007, Capitol Hill
Saipan, MP 96950

For The Northern Mariana Islands
By _____
(Deputy Clerk)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ~~ATTORNEY~~ (name and address)

Robert D. Bradshaw
Plaintiff, Pro Se
PO Box 473
1530 W. Trout Creek Road
Calder, ID 83808, Phone 208-245-1691

an answer to the complaint which is served on you with this summons, within Twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Galo L. Perez

CLERK



(By) DEPUTY CLERK

SEP 22 2005

DATE

AO 440

(Rev. 08/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>NOVEMBER 16, 2005</u>
NAME OF SERVER (PRINT) <u>ROBERT D. BRADSHAW</u>	TITLE <u>PLAINTIFF</u>

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): CERTIFIED MAIL RETURN RECEIPT, COPY
ATTACHED

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

Nov 16, 2005
Date

Signature of Server

Robert D. BradshawBox 473CALDER, ID 83808

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

LISTING OF DEFENDANTS FOR SUMMONS

COMMONWEALTH OF THE NORTHERN)
MARIANA ISLANDS (hereafter referred to)
as the CNMI); NICOLE C. FORELLI, former)
Acting Attorney General of the CNMI, in her)
personal/individual capacity; WILLIAM C.)
BUSH, former Assistant Attorney General of)
the CNMI, in his personal/individual capacity;)
D. DOUGLAS COTTON, former)
Assistant Attorney General of the CNMI)
in his personal/individual capacity; L.)
DAVID SOSEBEE, former Assistant Attorney)
General of the CNMI, in his personal/individual)
capacity; ANDREW CLAYTON, former)
Assistant Attorney General of the CNMI, in his)
personal/individual capacity; Other)
UNKNOWN and UNNAMED person or)
persons in the CNMI OFFICE OF THE)
ATTORNEY GENERAL, in their)
personal/individual capacity, in 1996-2002;)
ALEXANDRO C. CASTRO, former Judge Pro)
Tem of the CNMI SUPERIOR COURT, in his)
personal/individual capacity; JOHN A.)
MANGLONA, Associate Justice of the)
CNMI Supreme Court, in his)
personal/individual capacity; TIMOTHY H.)
BELLAS, former Justice Pro Tem of the CNMI)
Supreme Court, in his personal/individual)
capacity; PAMELA S. BROWN, present)
Attorney General of the CNMI; in her)
personal/individual capacity;)
ROBERT A. **BISOM**; and JAY H. SORENSEN.)
Defendants)

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
SAIPAN MP 96950	
Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.95
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.90
	
Name (Please Print Clearly) (To be completed by mailer)	
PAMELA S. BROWN	
Street, Apt. No.; or PO Box No.	
CALLER BOX 10007 CAPITAL HILL	
City, State, ZIP+4	
SAIPAN MP 96950	
PS Form 3800, July 1999 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) DB 11</p> <p>C. Date of Delivery 11-7-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>PAMELA S. BROWN ATTORNEY GENERAL CALLER BOX 10007 CAPITAL HILL SAIPAN, MP 96950</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>